## Image# 11931647570 FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in f	ull\								
Michael G. Fitzpatrick	uii)								
(b) Address (number and s	street)	et) Check if address changed				2. Identification Number			
PO Box 308	,				H4PA080	074			
(c) City, State and ZIP Co	ode				3. Is This	New	′ [	X Amended	
Langhorne		PA	19047		Statemer	(14)	OR	^ (A)	
4. Party Affiliation	5. Office Sou	ght		6. State & Dis		date			
REPUBLICAN PARTY	House			PA 08					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7. I hereby designate the following named political committee as my Principal Campaign Committee for the election(s). (year of election)									
NOTE: This designation should be filed with the appropriate office listed in the instructions.									
(a) Name of Committee (in	ı full)								
Fitzpatrick for Congres	ss								
(b) Address (number and	street)								
PO Box 185									
(c) City, State and ZIP Co	ode								
Langhorne	F	PA	19	9047-0185					
(Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE: This designation should be filed with the principal campaign committee.									
NOTE: This designation should be filed with the principal campaign committee.									
(a) Name of Committee (in Leadership for SEPA	i iuii)								
(b) Address (number and	stroot)								
(b) Address (number and s	Sileei)								
50 South Providence F									
(c) City, State and ZIP Cod	de								
Media	F	PA	19	9063					
I certify that I I	have examined this Sta	atement and to	the best of	my knowledge	and belief it i	s true, correc	ct, and com	plete.	
Signature of Candidate					Date				
Michael G. Fitzpatrick					06/14/2011				
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C.§437g.									
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## **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Team 2012

(b) Address (number and street) 228 S Washington Street Suite 115

(c) City, State and ZIP Code

Alexandria 22314 5404

## **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Patriot Day 2011

(b) Address (number and street) 228 S Washington Street Suite 115

(c) City, State and ZIP Code

Alexandria 22314 5404

## **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

PA + 5 Committee

(b) Address (number and street) 7315 Wisconsin Avenue Suite 310 East

(c) City, State and ZIP Code

Bethesda 20814 3202